

Name  
in  
Full

CERTIFICATE OF DEATH

Carlton Bacon

Town

County

Died at

Mardela Springs Wilcomico

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

Aug

16th

Age

7

5

22

Sex

Male

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Charley W Bacon

Father's  
Birthplace

Md

Mother's  
Maiden Name

Florence Shockley

Mother's  
Birthplace

Md

Name of person giving  
Information

C W Bacon

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Enteric Fever

How long

One week

Immediate

Cerebro Spinal Fever

How long

One week.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

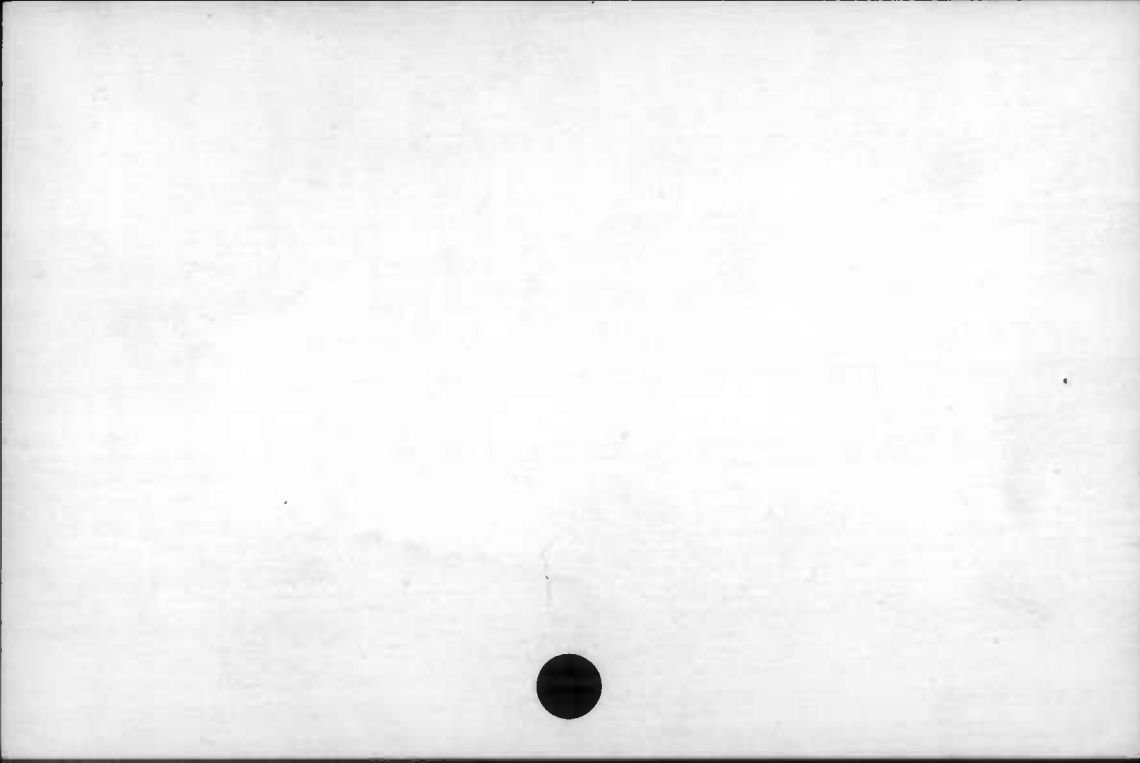
Address

J M Elderdie  
Mardela Springs Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

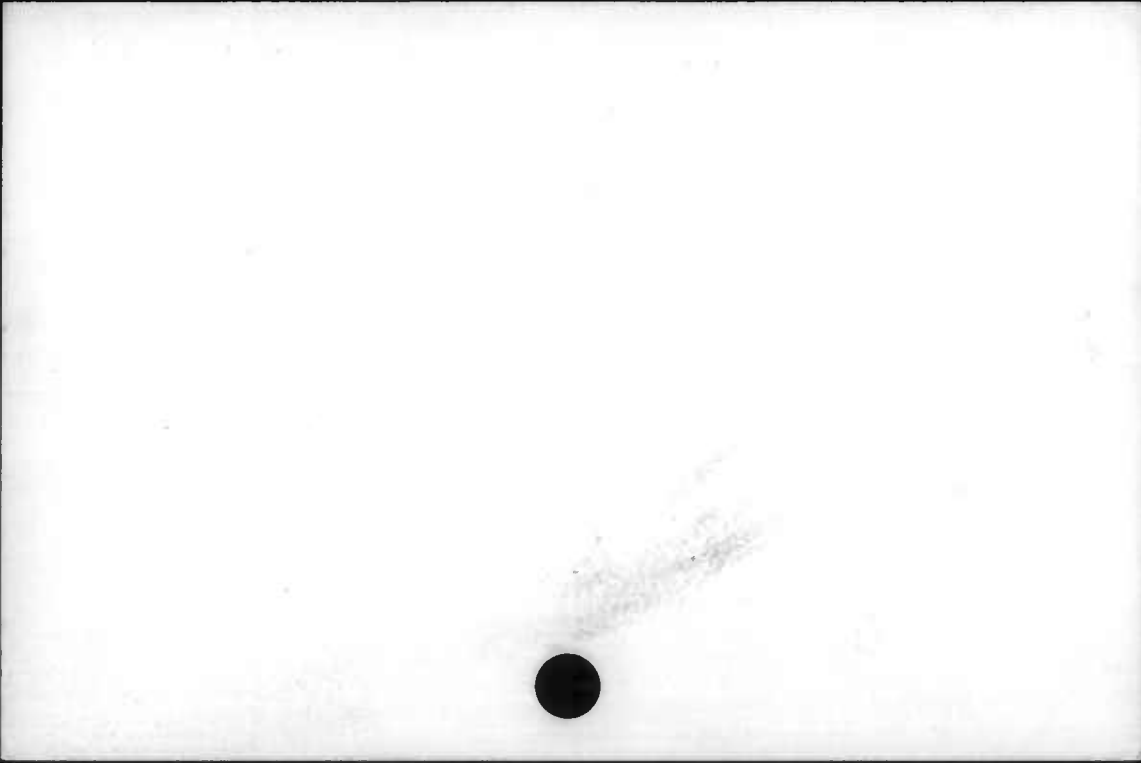
Jonathan Beach		County		MARYLAND	
Died at Salisbury		Wisconsin			
Date of death 1909 Aug 8		Age 88		Months Days	
Sex male		Color or Race white		Birth-place Del	
Occupation Carpenter		Where Residing if not at place of death		Artistic Med.	
<del>Married</del> Single or Widowed		Name of Wife or <del>husband</del>		Widowed	
Father's Name Handy Beach		Father's Birthplace Del			
Mother's Maiden Name W. out Know		Mother's Birthplace Don't know			
Name of person giving Information Burton T. Calloway		How related to deceased		Son in law	

## CAUSES OF DEATH

106

Primary	Renal Arterio-sclerosis	How long	several years
Immediate	Intestinal indigestion & diarrhoea	How long	2 or 3 weeks
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		L. W. Sumner M.D.	
Address		Artistic Med.	
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

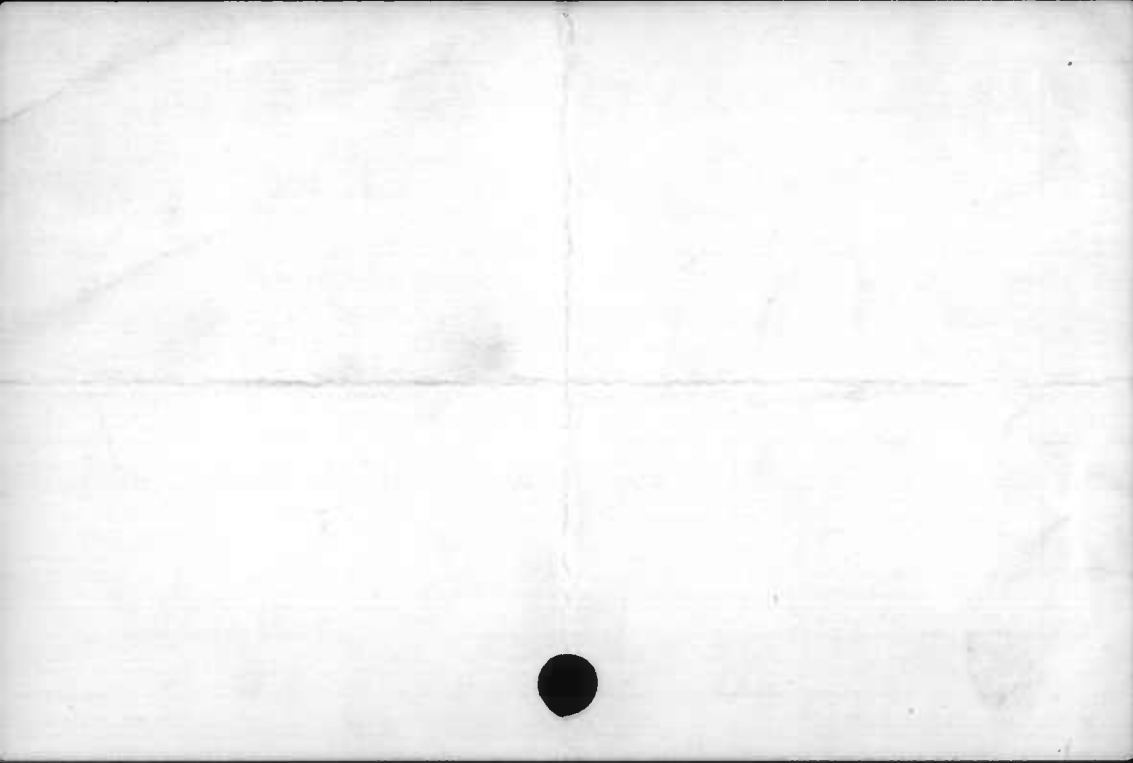
Died at <i>White Haven</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1909	Month	Aug	Day	31
Age	66	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Merriad, Single or Widowed		Name of Wife or Husband			
Widowed		Unknown			
Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		Unknown		Mother's Birthplace	
Name of parson giving Information		Chas. F. Reid		How related to deceased	
				Quarantine	

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>		How long	<i>1 year</i>
Immediate	<i>Cardiac Failure</i>		How long	<i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		<i>F. H. Lynch</i>		
		Address		
		<i>Franklin</i>		
		<i>W.D.</i>		
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

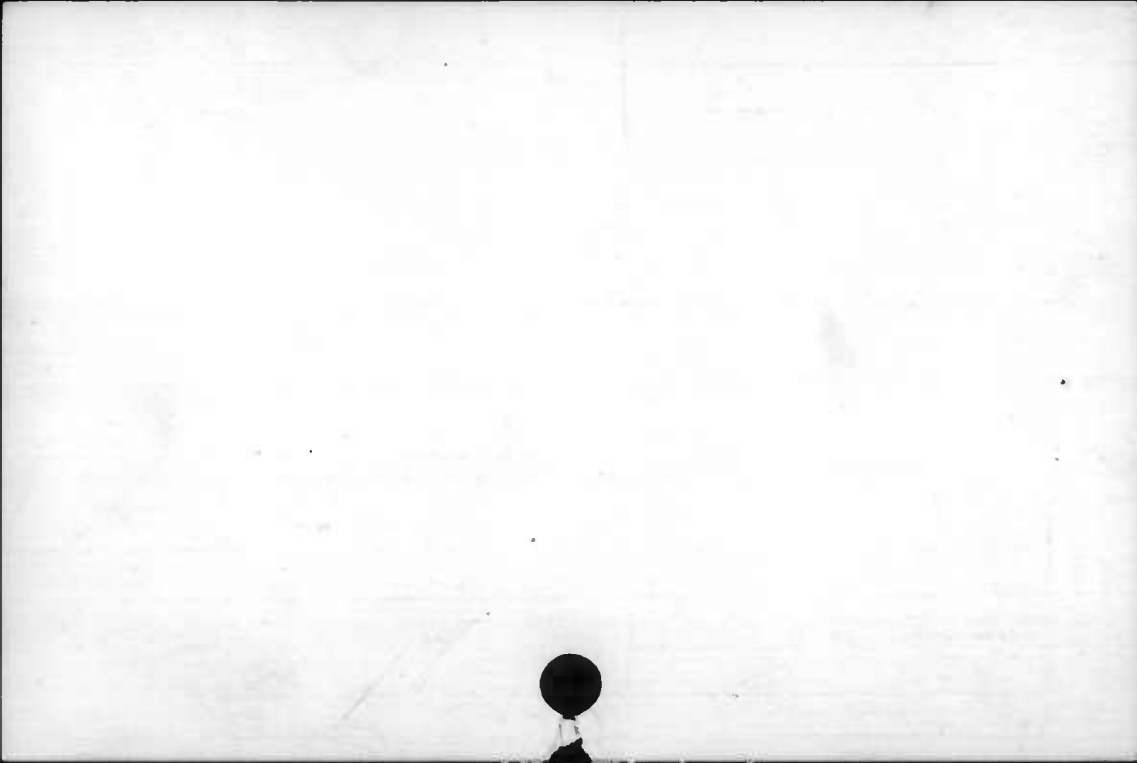
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth J. Bounds</i>		Town <i>Mardela Spgs.</i>		County <i>Wicomico Co.</i>		MARYLAND	
Died at <i>Mardela Spgs.</i>		Month <i>Aug.</i>		Day <i>16</i>		Age <i>49</i>	
Date of death <i>1909 Aug. 16</i>		Months <i>4</i>		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo. Bounds</i>					
Father's Name <i>Marcellus Bounds</i>		Father's Birthplace <i>Wicomico Co.</i>					
Mother's Maiden Name <i>Marcellus Bacon</i>		Mother's Birthplace <i>Laurel Del.</i>					
Name of person giving Information <i>Elber H. Bounds</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary	<i>Chronic Endocarditis</i>	How long <i>3 months</i>
Immediate	<i>Cardiac Paralysis</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Thos. H. Eldridge</i>
		Address <i>Mardela Springs Md.</i>
Accident or Suicide		

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

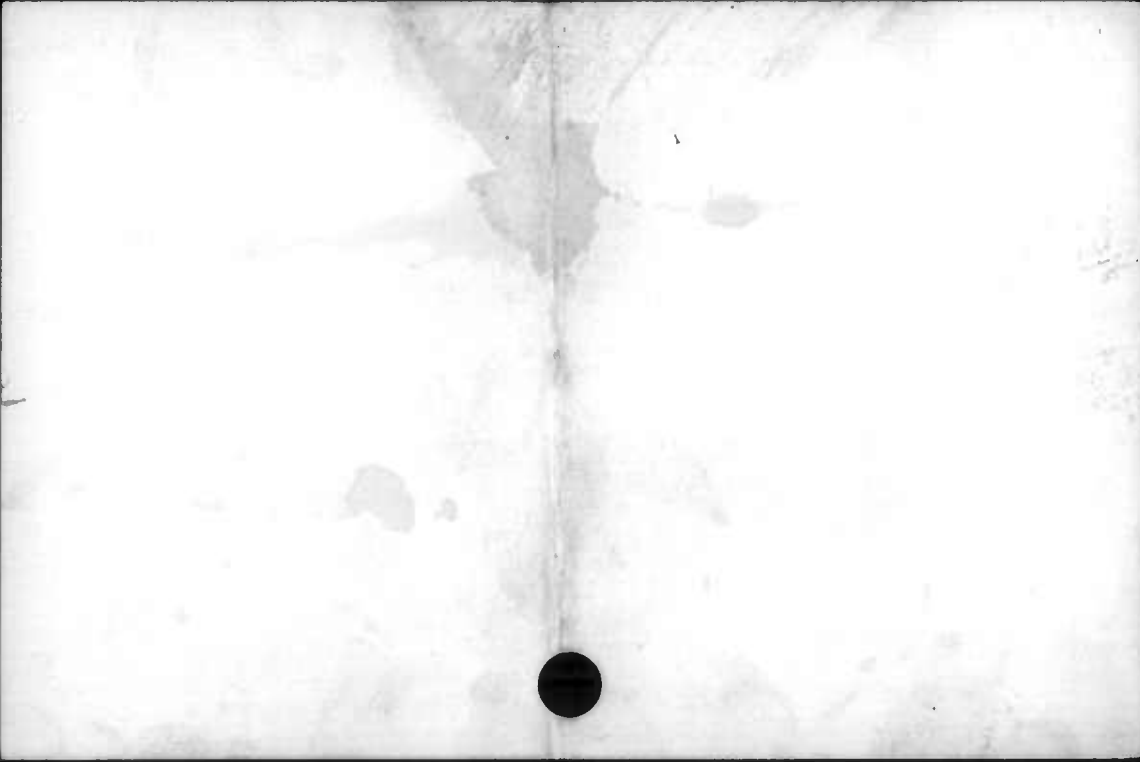
TO BE ANSWERED BY  
NEAREST FRIEND

*John Carroll*  
 Town *Salisbury* County *Neomier*  
 Died at *Salisbury* Maryland  
 Date of death 190 *7* Day *15* Age *50*  
 Sex *Male* Color or Race *Black* Birth-place *Md*  
 Occupation *Ironing mill* Where Residing if not at place of death *h*  
 Married, Single or Widowed *Married* Name of Wife or Husband *Alexis Carroll*  
 Father's Name *Charles Carroll* Father's Birthplace *Md*  
 Mother's Maiden Name *Esther Beauchamp* Mother's Birthplace *Md*  
 Name of person giving Information *George A. Carroll* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *93* *3 months*  
 Immediate *Pneumonia & splenic infarct* How long *2 weeks*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Lyndon Spring*  
 Address *Salisbury Md*  
 Accident or Suicide *no*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Ellen Cavanaugh

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death

1908 Aug

20

Age

1

4

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

William Cavanaugh

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Ida Putters

Mother's  
Birthplace

Md

Name of person giving  
Information

William Cavanaugh

How related  
to deceased

Father

## CAUSES OF DEATH

14

Primary

Dysentery

How long

3 months

Immediate

Dysentery

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. H. Davis  
Salisbury MdPHYSICIAN  
OR CORONER

Accident or Suicide

No



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Henry Collins*

Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death 190 *9* Month *Aug* Day *18* Age *1* Years *4* Months *4* Days

Sex *male* Color or Race *White* Birth-place *MD*

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *W Henry Collins* Father's Birthplace *MD*

Mother's Maiden Name *Annie E Burk* Mother's Birthplace *MD*

Name of person giving Information *W Henry Collins* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

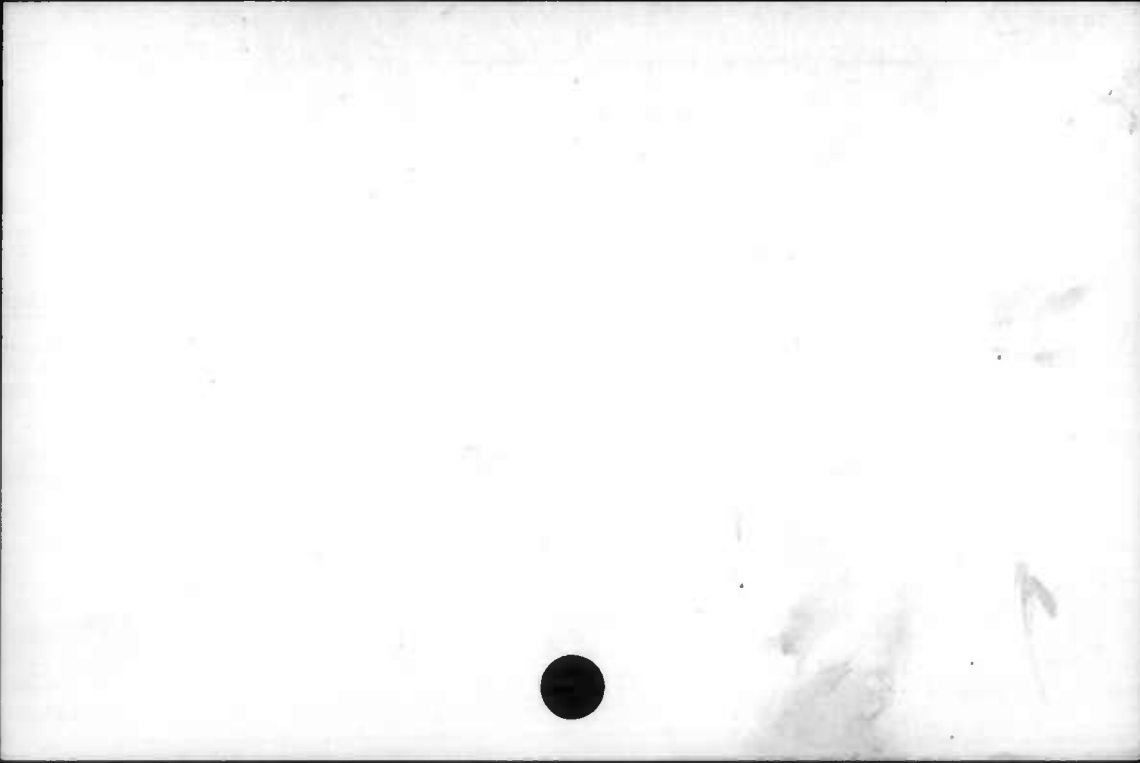
Primary *Ulcer Colitis* How long *3 weeks*

Immediate *Exhaustion* How long *gradual*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *O. B. Potter* Address *Salisbury MD*

Accident or Suicide \_\_\_\_\_



Name  
in  
Full

CERTIFICATE OF DEATH

Infant (no name) Culver

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

of death

1909

Month

Aug.

Day

2<sup>nd</sup>

Age

Years

0

Months

13

Days

0

Sex

Male

Color or  
Race

White

Birth-  
place

Salisbury Md.

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Merrill G. Culver

Father's  
Birthplace

Delaware

Mother's  
Maiden Name

Mary

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Jerome F. Culver

How related  
to deceased

Uncle

CAUSES OF DEATH

105

Primary

Marasmus

How long

Don't know

Immediate

diarrhoea

How long

Don't know

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Geo. H. Todd

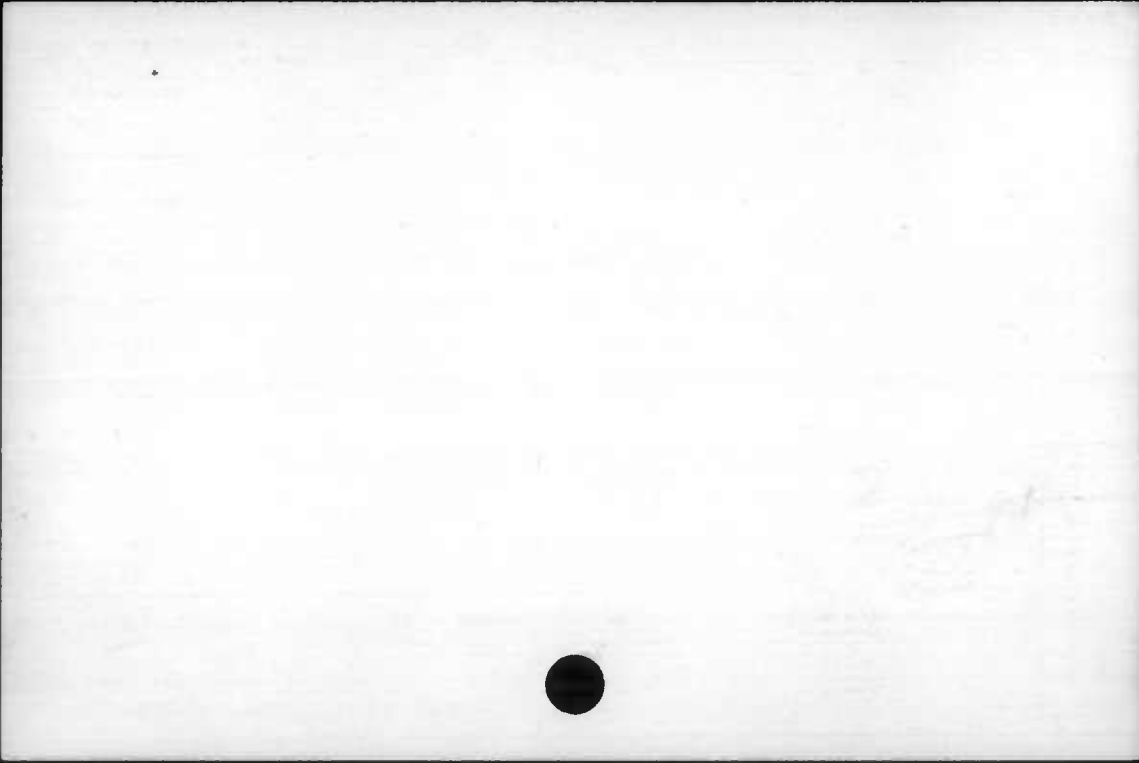
Address

Salisbury Md.

Accident or Suicida

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Carolyn V. Downing

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Disd at <sup>Town</sup> Salisbury <sup>County</sup> Wicomico MARYLAND

Date of death 1909 <sup>Month</sup> Aug. <sup>Day</sup> 15<sup>th</sup> <sup>Age</sup> 0 <sup>Years</sup> <sup>Months</sup> one <sup>Days</sup> 11

Sex Female Color or Race White Birth-place Salisbury

Occupation None Where Residing if not at place of death

Married, Single or Widowed single Name of Wife or Husband None

Father's Name Ernest P. Downing Father's Birthplace Wicomico Co., Md.

Mother's Maiden Name Carrie A. Vincent Mother's Birthplace Worcester Co., "

Name of person giving Information Ernest P. Downing How related to deceased Father

## CAUSES OF DEATH

Primary Inanition How long 1 month

Immediate Several emaciation " "

Are the name, age, sex, color, date and place correctly given above?

yes

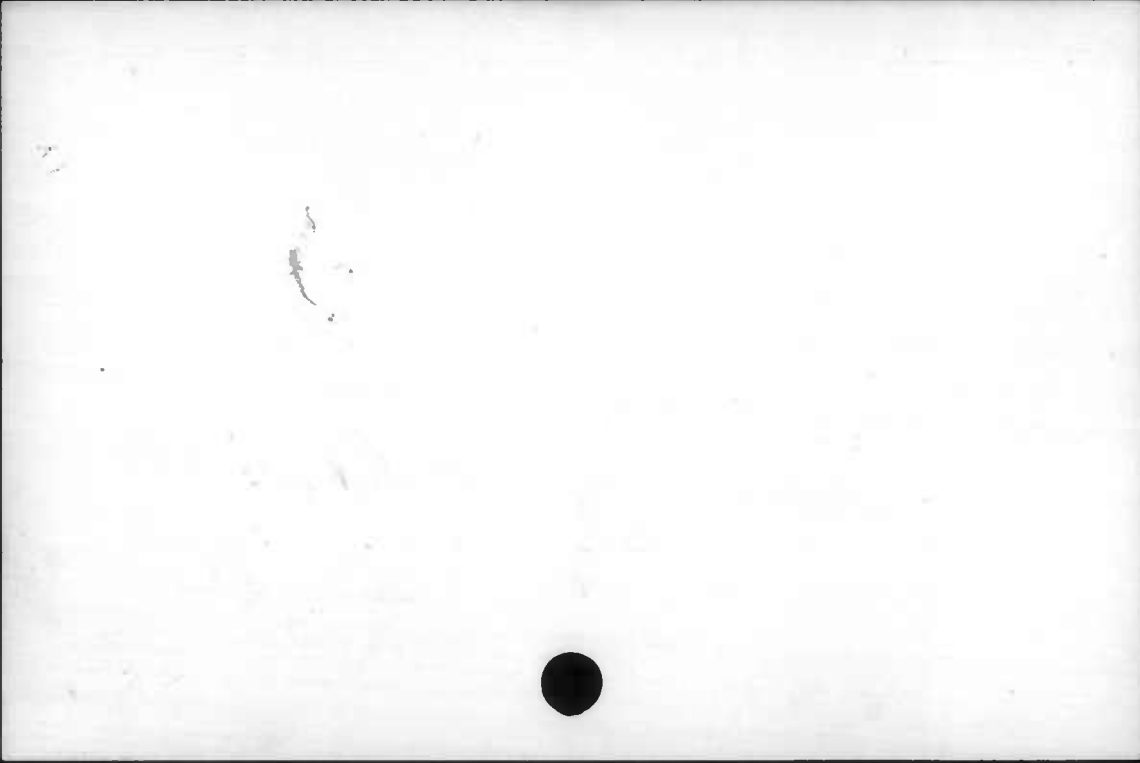
Signature of Physician

Address

Louis W. Egan, M.D.  
Salisbury  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Miss Maugate Dunn* Town *Burial* County *McCombs*

Died at *Burial* *McCombs* **MARYLAND**

Date of death *1909 Aug 24* Age *11* Months *11* Days *11*

Sex *F* Color or Race *W* Birth-place *Maryland*

Occupation *Schoolgirl* Where Residing if not at place of death *"*

Married, Single or Widowed *Single* Name of Wife or Husband *"*

Father's Name *Wm. R. Dunn* Father's Birthplace *"*

Mother's Maiden Name *Washburn* Mother's Birthplace *"*

Name of person giving Information *Wm R Dunn* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

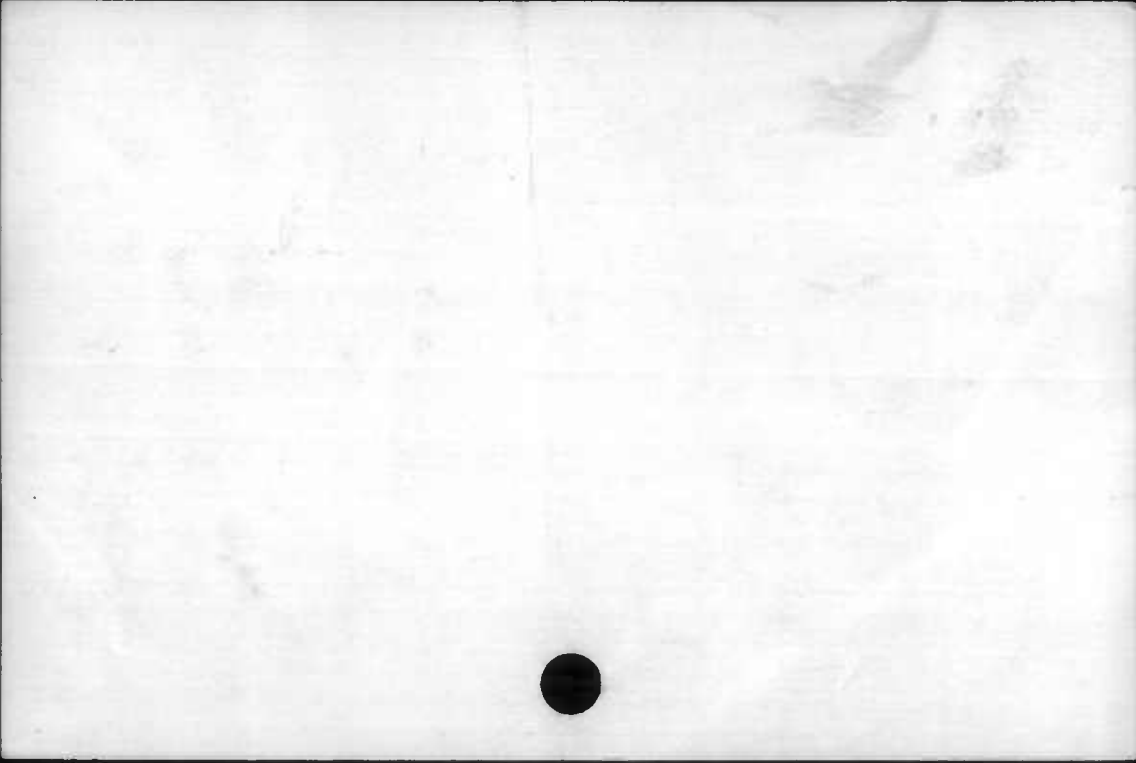
Primary *Septic Malaria* How long *1* week

Immediate *Bronchitis Heart Failure* How long *2* weeks

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. J. Cash*

Address *"*

Accident or Suicide *Neither*



Name  
in  
Full

Robert W. Ellis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

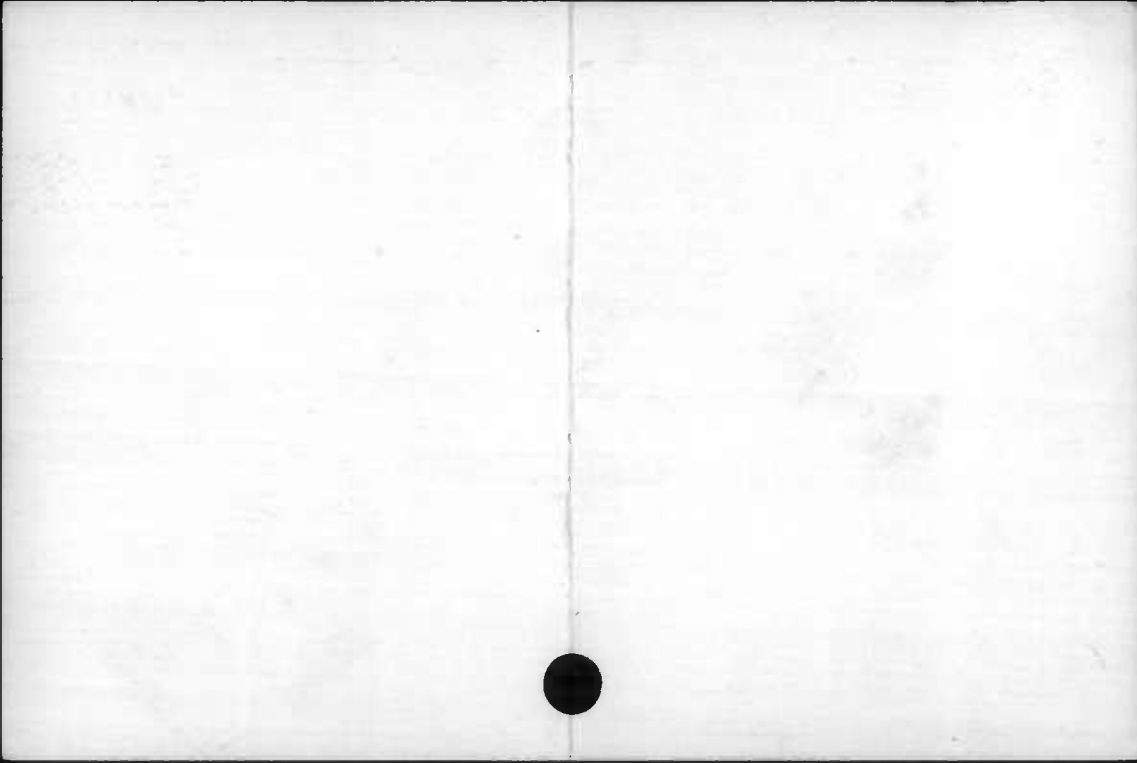
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug.	22	76		4	14
Sex	Male		Color or Race	White		Birth-place	Worcester Co. Md.
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband		Ellis		
Father's Name	W. J. Ellis				Father's Birthplace	" " "	
Mother's Maiden Name	Hadden				Mother's Birthplace	" " "	
Name of person giving Information				S. H. Wimbrow		How related to deceased	
						Son in Law	

## CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary	Empyema of Right Lung		How long	6 months
Immediate	Fracture of Femur (trip. T. J. W.)		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		L. C. Freemy		
		Address		
		Pittsville Md.		
Accident or Suicide				



Name  
in  
Full

Infant no name (Tosky)  
Salisbury Town Wisconsin County

CERTIFICATE OF DEATH

MARYLAND

Died at Salisbury Month 8 Day 8 Years Months 2 Days

Date of death 1909 Aug 8 Age Birth-place Md

Sex male Color or Race white Occupation

Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Horace B Tosky

Father's Birthplace Md

Mother's Maiden Name Bebbie Ballitt

Mother's Birthplace Md

Name of person giving Information Horace B Tosky

How related to deceased Father

CAUSES OF DEATH

151

Primary Premature birth

How long 7 minutes  
How long 7 minutes

Immediate Convulsion

Are the name, age, sex, color, date and place correctly given above? So far as I know

Signature of Physician

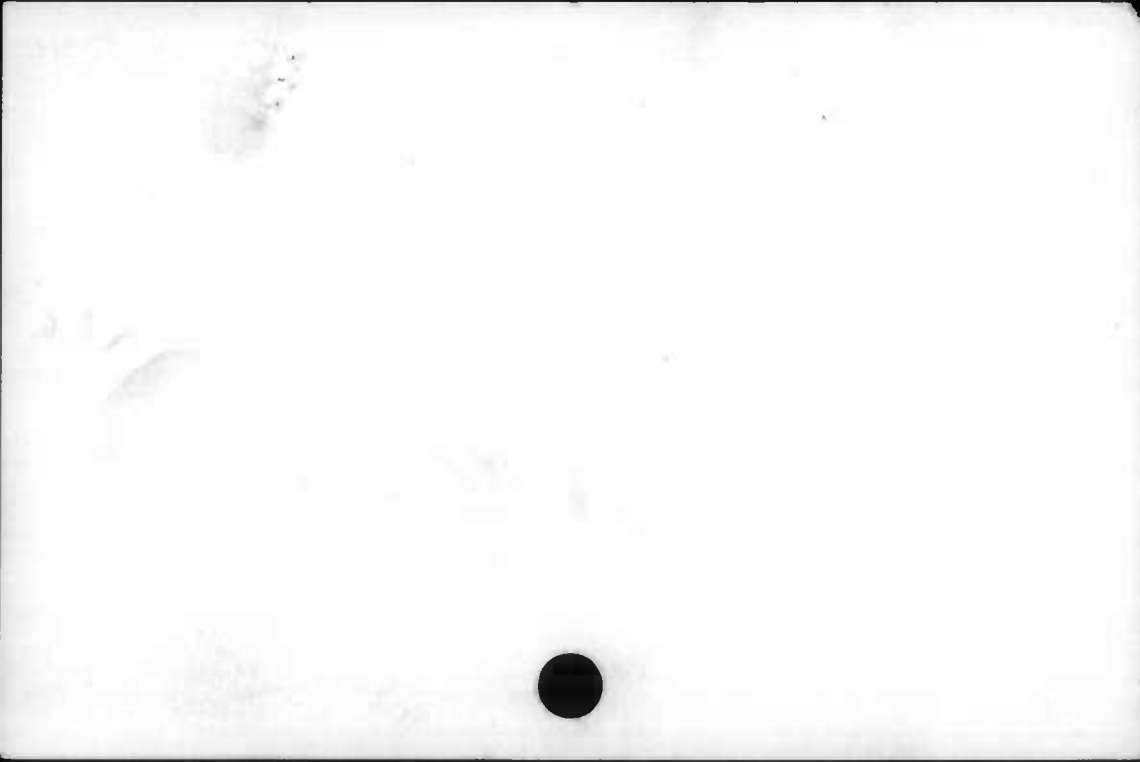
Address

as I know Salisbury, Md

Accident or Suicide no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Myrtle B. Gillis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Mardela* Town *Wicomico* County  
Date of death 1909 Month 8 Day 4 Age 51 Years Months 11 Days  
Sex *Female* Color or Race *White* Birth-place *Md*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
Father's Name *Wm. B. Gillis* Father's Birthplace *Md*  
Mother's Maiden Name *Agnes Jones* Mother's Birthplace *Md*  
Name of person giving Information *Wm. B. Gillis* How related to deceased *Father*

CAUSES OF DEATH

105

*one week*

PHYSICIAN  
OR CORONER

Primary *Cholera & Paratyphoid*

How long

Immediate

How long

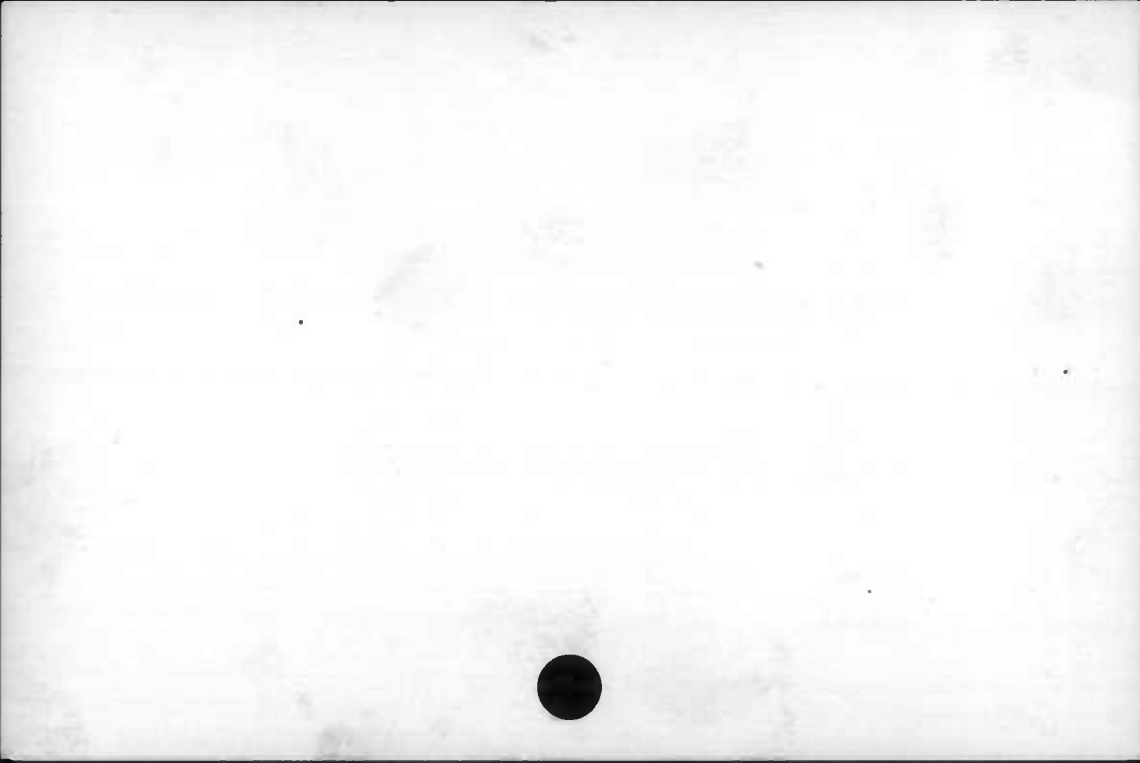
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

*J. L. English coroner*  
*Mardela, Md.*

Address

Accident or Suicide



Name in Full *George T. Gillespie*

CERTIFICATE OF DEATH

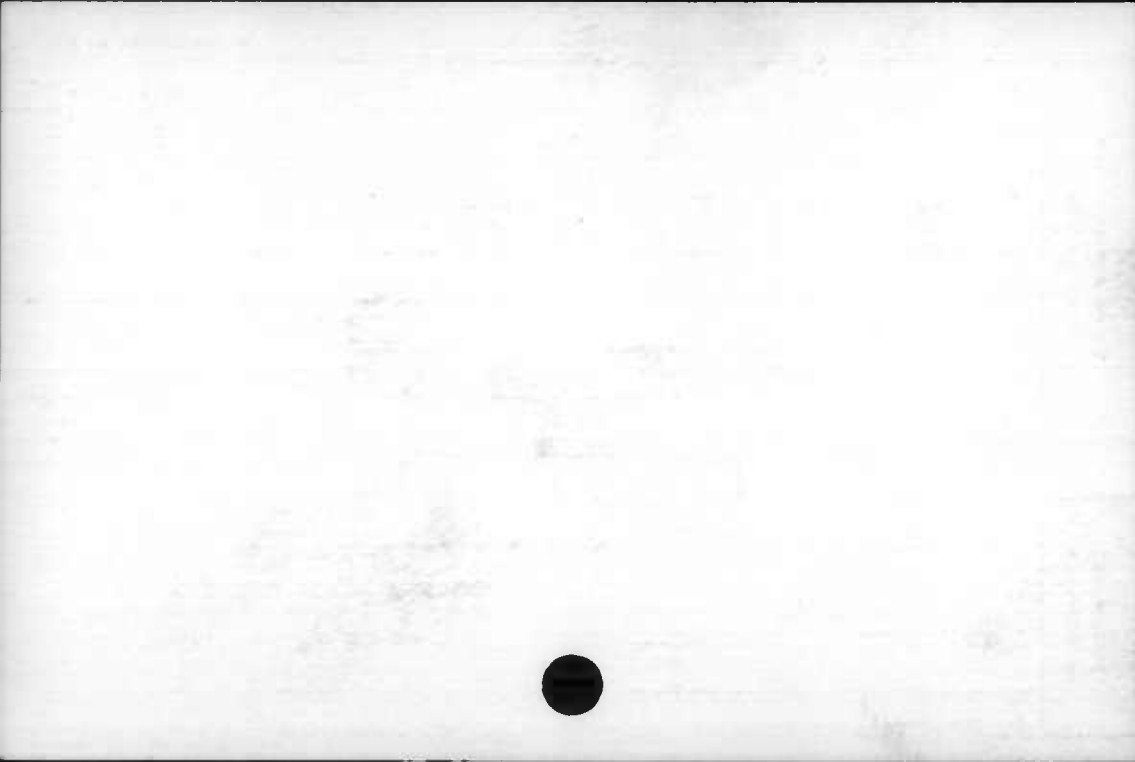
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Hickories</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Aug.</i>	Day <i>23</i>	Age <i>81</i>	Months	Days <input checked="" type="checkbox"/>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Va</i>		
Occupation <i>Farm</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sallie T. Gillespie</i>				
Father's Name <i>John Gillespie</i>	Father's Birthplace <i>Va</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving Information <i>Rose L. Rayfield</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enlarged prostate</i>	How long <i>6 yrs and</i>
Immediate <i>Cepatitis</i>	How long <i>4 yrs and</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Smith</i>
<i>as obtained when</i>	Address <i>Salisbury Md</i>
Accident or Suicide <i>No</i>	



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Delmar</u> <sup>Town</sup>		<u>Wilmington</u> <sup>County</sup>	
		Date of death <u>1909</u> <sup>Month</sup> <u>8</u> <sup>Day</sup> <u>29</u> <sup>Years</sup> <u>88</u>		<u>7</u> <sup>Months</sup> <u>7</u> <sup>Days</sup>	
		Sex <u>Female</u>		Color or Race <u>White</u>	
		Occupation <u>House Keeper</u>		Birth-place <u>Delaware</u>	
		Where Residing if not at place of death			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Single</u>	
		Father's Name <u>Collier Hastings</u>		Father's Birthplace <u>Delaware</u>	
		Mother's Maiden Name <u>Lydia Hastings</u>		Mother's Birthplace <u>Delaware</u>	
Name of person giving information <u>Eliza C. Parker</u>		How related to deceased <u>Daughter</u>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <u>Senile Debility</u>		<u>154</u> <sup>How long</sup> <u>Many Weeks</u>	
		Immediate <u>Senile Debility</u>		<u>Many Weeks</u> <sup>How long</sup>	
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Robert E. Elgood</u>	
				Address <u>Delmar Del</u>	
		Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Ernest T Hastings

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date

of death 190

8 Aug

Day

5

Age

31

Months

7

Days

7

Sex

male

Color or  
Race

white

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Ida B Hastings

Father's  
Name

Thomas Hastings

Father's  
Birthplace

Del

Mother's  
Maiden Name

Elsiebeth Hastings

Mother's  
Birthplace

Del

Name of person giving  
Information

Elsiebeth Hastings

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Typhoid fever { Peritonitis

How long

2 weeks

Immediate

Hemorrhage, Perforation, bowel general

How long

48 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

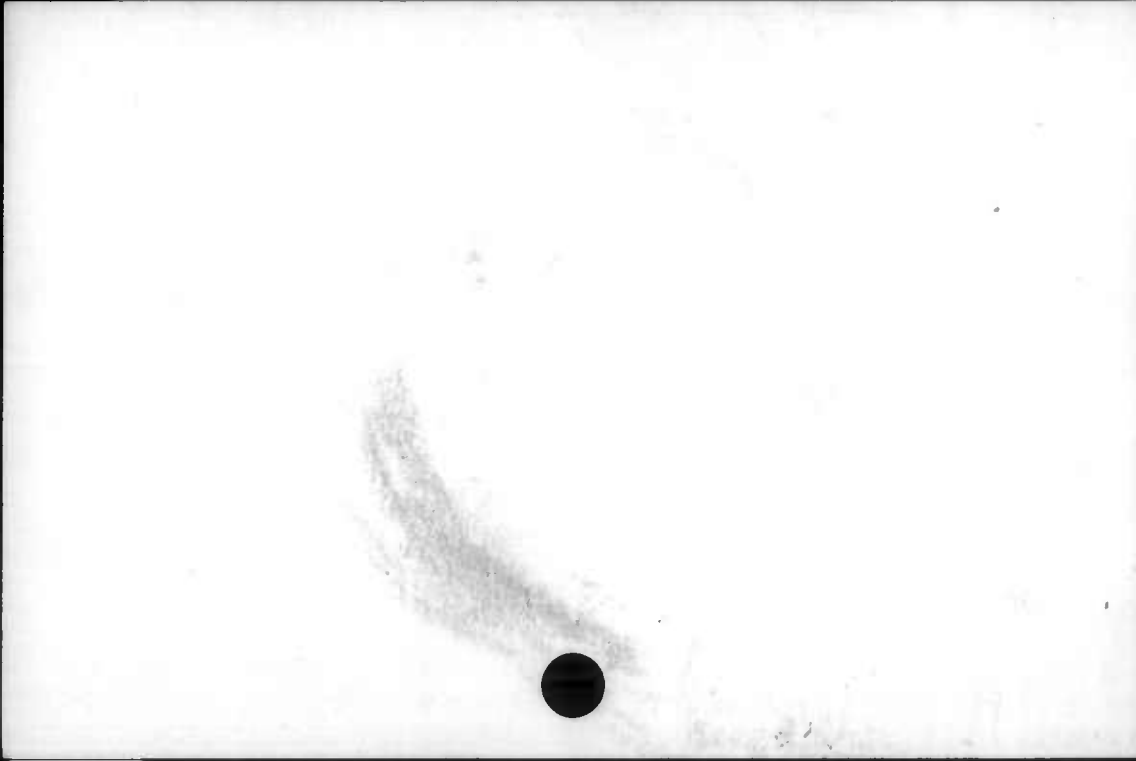
Signature of  
Physician

Address

Louis W. Reimer M.D.  
Salisbury Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dehman</i> Town		<i>Hiram</i> County		MARYLAND	
Date of death	1909	Month	Aug	Day	18
Age	71	Years		Months	2
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	House work	Where Residing if not at place of death	Dehman		
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	William Hastings	Father's Birthplace	DEla		
Mother's Maiden Name	Pollic Davis	Mother's Birthplace	DEla		
Name of person giving Information	J. M. Callaway	How related to deceased	stepson		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Suppose Senile Debility	How long	One week I am
Immediate		How long	informed
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>Robert Ellgood M.D.</i>		
Living at request of	Address <i>Dehman DE</i>		
Accident or suicide	I never treated this woman		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Margaret E. Hilghman</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Aug</i>		Day <i>18th</i>		Age <i>73</i>	
Date of death <i>1909 Aug 18th</i>		Months <i>18th</i>		Years <i>73</i>		Days <i>18th</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>James W. Hilghman</i>					
Father's Name <i>John Polk</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Nelson</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Theodore Hilghman</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary <i>Bacterial-intestinal infection</i>	How long <i>2 weeks ago</i>
Immediate <i>Wound</i>	How long <i>1 week</i>

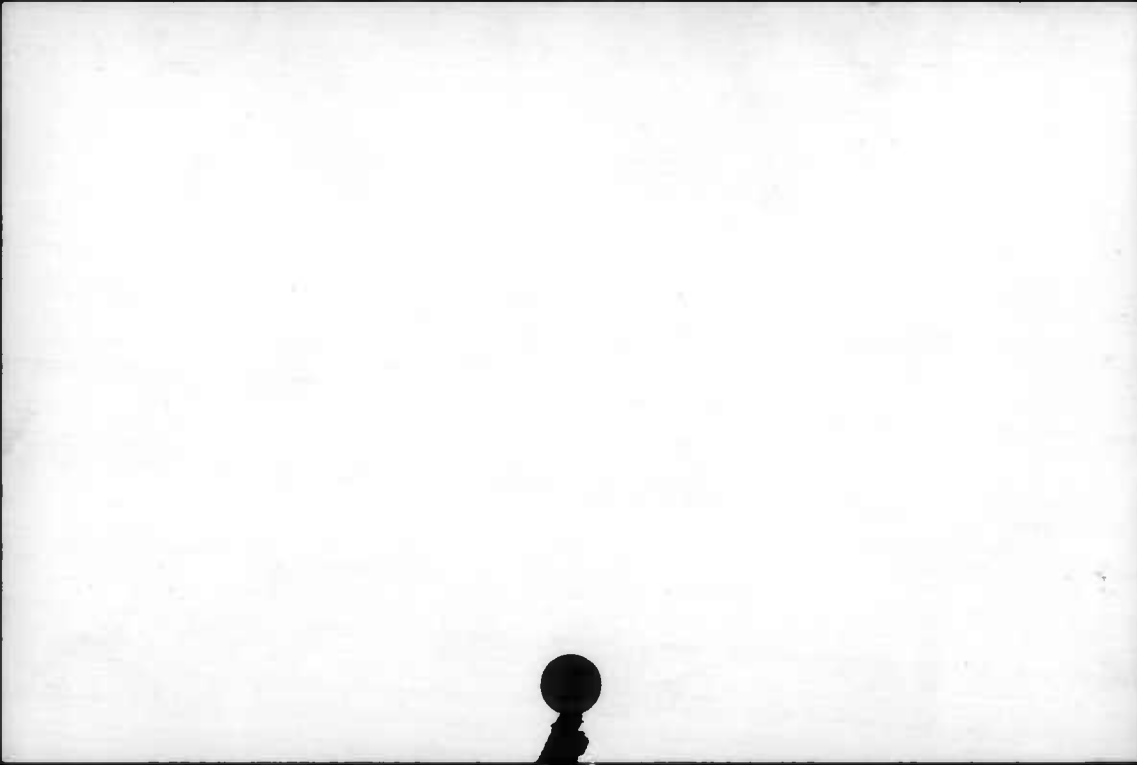
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sallie Amelia Hopkins.

CERTIFICATE OF DEATH

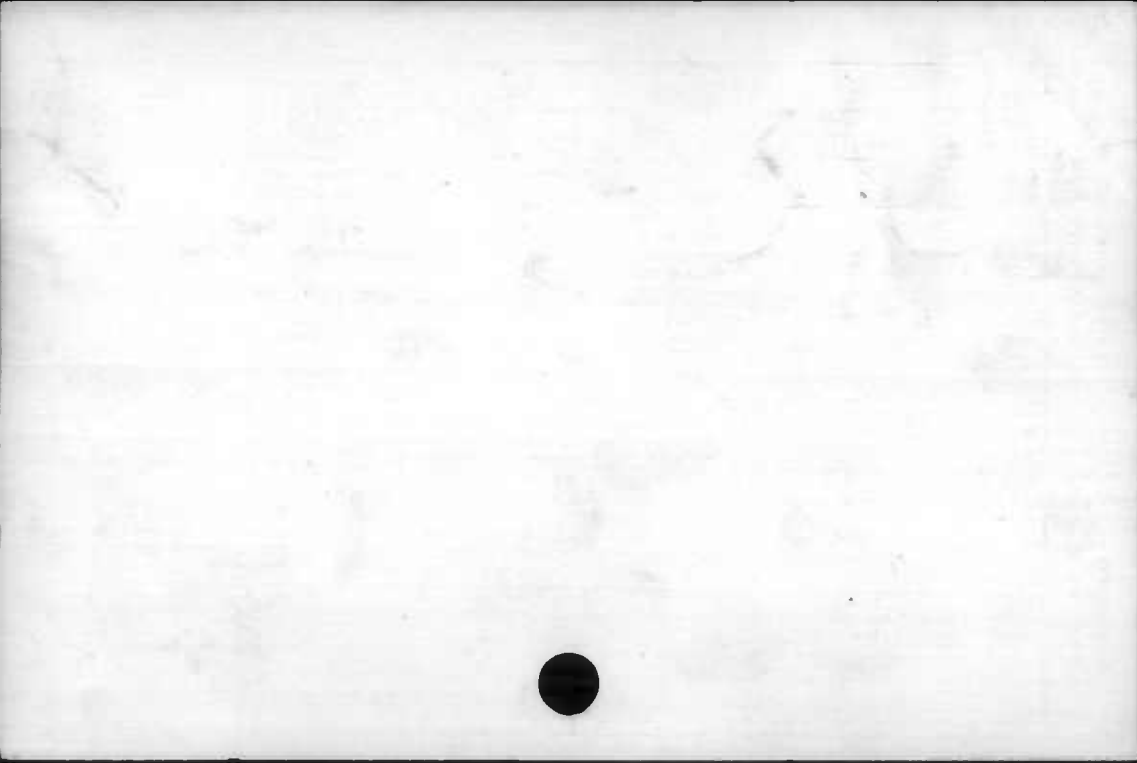
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Walnut Taus Nec</u>		Town		County		MARYLAND	
Date of death <u>1909 Aug 31</u>		Month		Day		Years	
Age <u>43</u>		Months		Days			
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Necoma Co</u>			
Occupation <u>Housekeeper</u>		Where Residing if not at place of death					
Married, <del>Single</del> <del>Widowed</del>		Name of <del>Wife</del> Husband <u>Alfred W Hopkins</u>					
Father's Name <u>Wm Jones</u>		Father's Birthplace <u>Shad point</u>					
Mother's Maiden Name <u>Hettie A Turner</u>		Mother's Birthplace <u>Fruitland</u>					
Name of parson giving Information <u>Asbury Hopkins</u>		How related to deceased <u>Son</u>					

## CAUSES OF DEATH

Primary <u>Typhoid Fever</u>		How long <u>1</u> <u>3 weeks</u>	
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>		Signature of Physician <u>Alfred W Hopkins</u>	
		Address <u>Allen Md</u>	
<del>Accident or Suicide</del>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Eleanor H. Hunt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

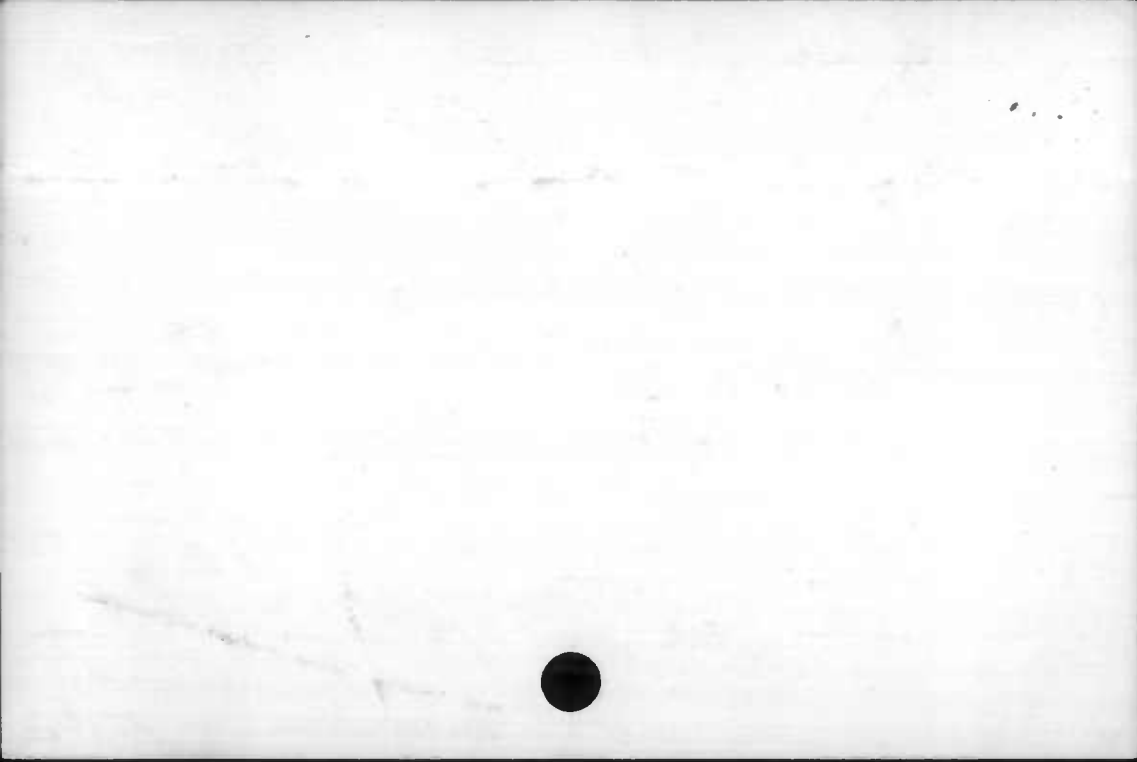
Died at		Town		County		MARYLAND	
1909		Month		Day		Years	
Aug		14		Age		47	
Sex		Color or Race		Months		Days	
Female		White		8		12	
Occupation		Where Residing if not at place of death		Birthplace			
Housewife				Sharptown			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Married		John H. Hunt		Del			
Father's Name		Mother's Birthplace		How related to deceased			
Hiram Twiford		"		Sister			
Mother's Maiden Name		Name of person giving Information					
Eleanor Knowles		Dorrie Nelson					

CAUSES OF DEATH

155

PHYSICIAN  
OR CORONER

Primary	Nervous Themia	How long	3 years
Immediate	Carbonic Acid Poisoning	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. H. Gannaway M.D.	
		Address	
		Sharptown, Ind.	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Samuel F. Jackson* Town *White Haven* County *Wicomico* MARYLAND

Died at *White Haven* Month *August* Day *29* Age *71* Years *8* Months *1* Days

Date of death *1909* Sex *Male* Color or Race *White* Birthplace *Wicomico Md.*

Occupation *Teacher* Where Residing if not at place of death *White Haven*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Elizabeth Jackson*

Father's Name *George Jackson* Father's Birthplace *Appledore*

Mother's Maiden Name *Polly Jackson* Mother's Birthplace *Shopton*

Name of person giving Information *R. Jackson* How related to deceased *Son*

## CAUSES OF DEATH

69

PHYSICIAN  
OR CORONER

Primary *Epilepsy* How long *lifetime*

Immediate *Convulsion* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William J. Carter*

Address *White Haven*  
*Wicomico Co Md*

Accident or Suicide

S. De la Roche

Name  
in  
Full

## CERTIFICATE OF DEATH

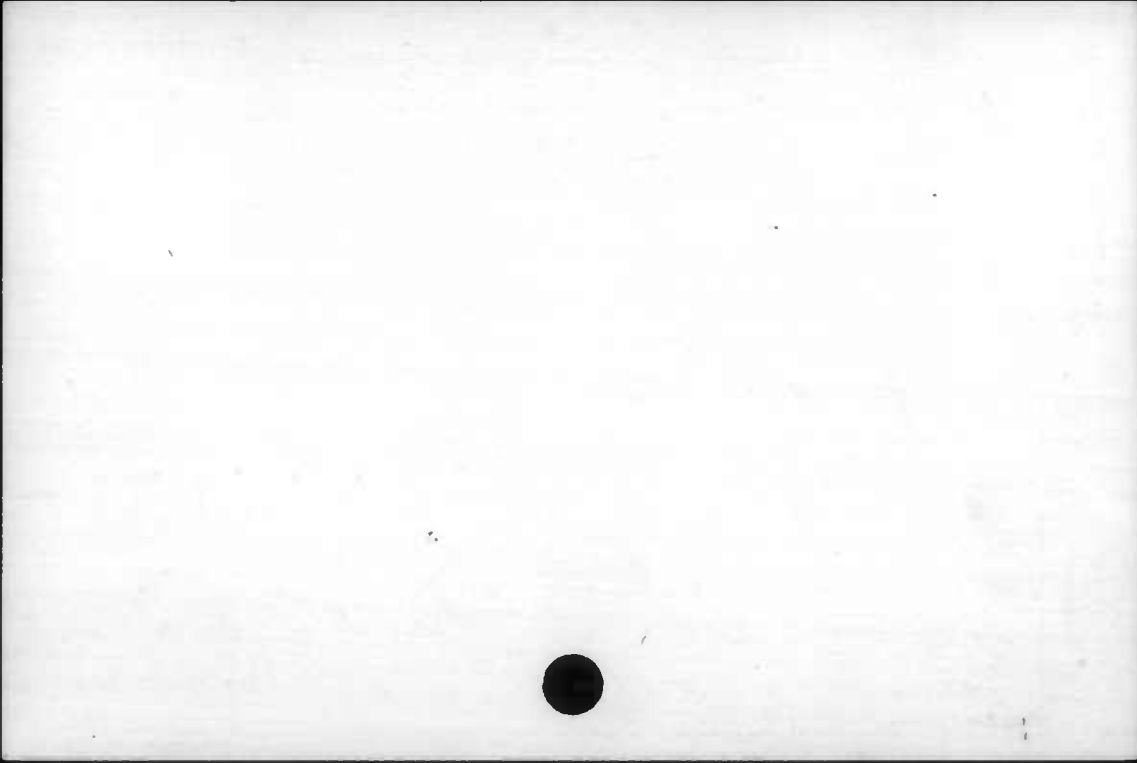
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup> <i>28th</i> <sup>County</sup> <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>August</i>	Day <i>Saturday</i>	Years <i>54</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Cecil Co., Maryland</i>	Months <i>9</i> Days <i>1</i>
Occupation <i>Retired</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>George R Jackson</i>		
Father's Name <i>Robert Jackson</i>	Father's Birthplace <i>Cecil Co., Maryland</i>		
Mother's Maiden Name <i>Ann E. Jackson</i>	Mother's Birthplace <i>Harford Co., Md</i>		
Name of person giving Information <i>Alexander W. Jackson</i>	How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Liver &amp;</i>	How long <i>1 year</i>
Immediate <i>Diatitis Mellitus &amp; Diabetes</i>	How long <i>1 year -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harry C. Cull</i>
	Address <i>Salisbury Md</i>
Accident or Suicide	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Bessie Jarrett* Town *Bivalve* County *Wicomico* MARYLAND  
Died at *Bivalve*  
Date of death 1909 *Aug* Month *26* Day *17* Age *3* Months *9* Days  
Sex *F* Color or Race *W* Birth-place *Maryland*  
Occupation *School Girl* Where Raiding if not at place of death *Bivalve*  
Married, Single or Widowed *Single* Name of Wife or Husband  
Father's Name *Thomas Jarrett* Father's Birthplace *Dyaskin*  
Mother's Maiden Name *Mary Larimore* Mother's Birthplace *Bivalve*  
Name of person giving Information *Geo. S. Dunn* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Typhoid fever* How long *1 week*  
Immediate *" "* How long *" "*

Are the name, age, sex, color, date and place correctly given above?

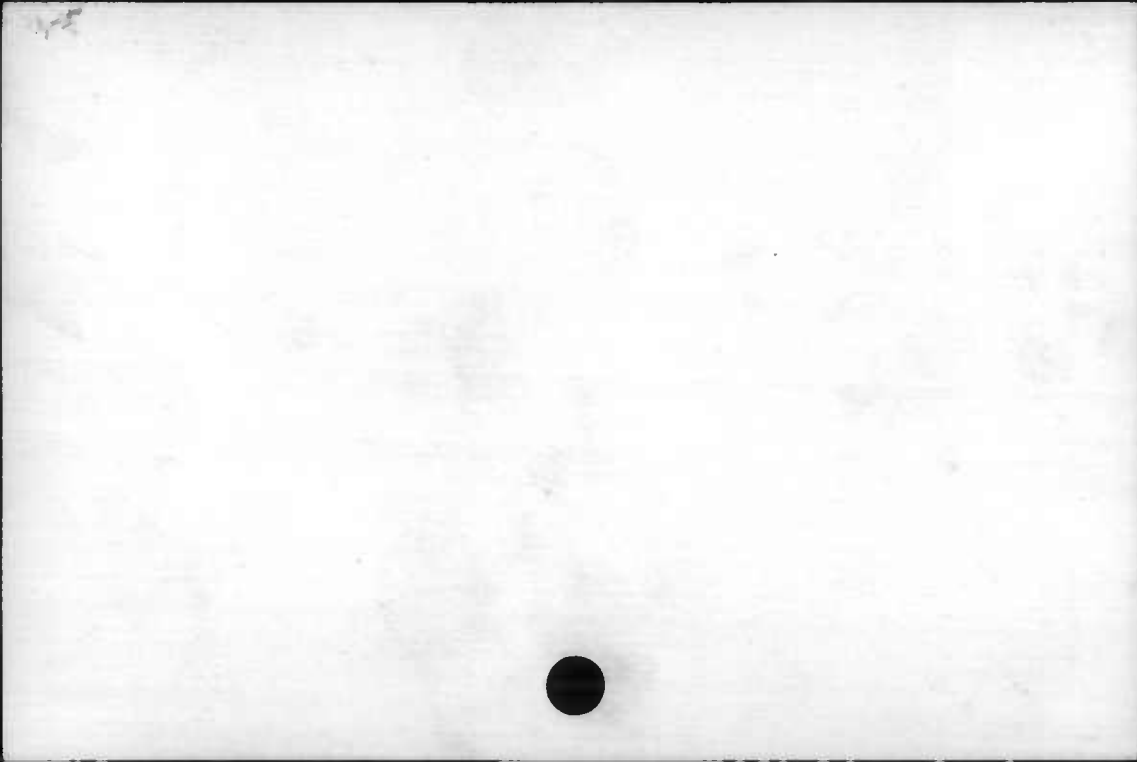
*yes*

Signature of Physician

Address

*Geo. H. Betton Jr. M.D.*  
*Bivalve*  
*Md*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

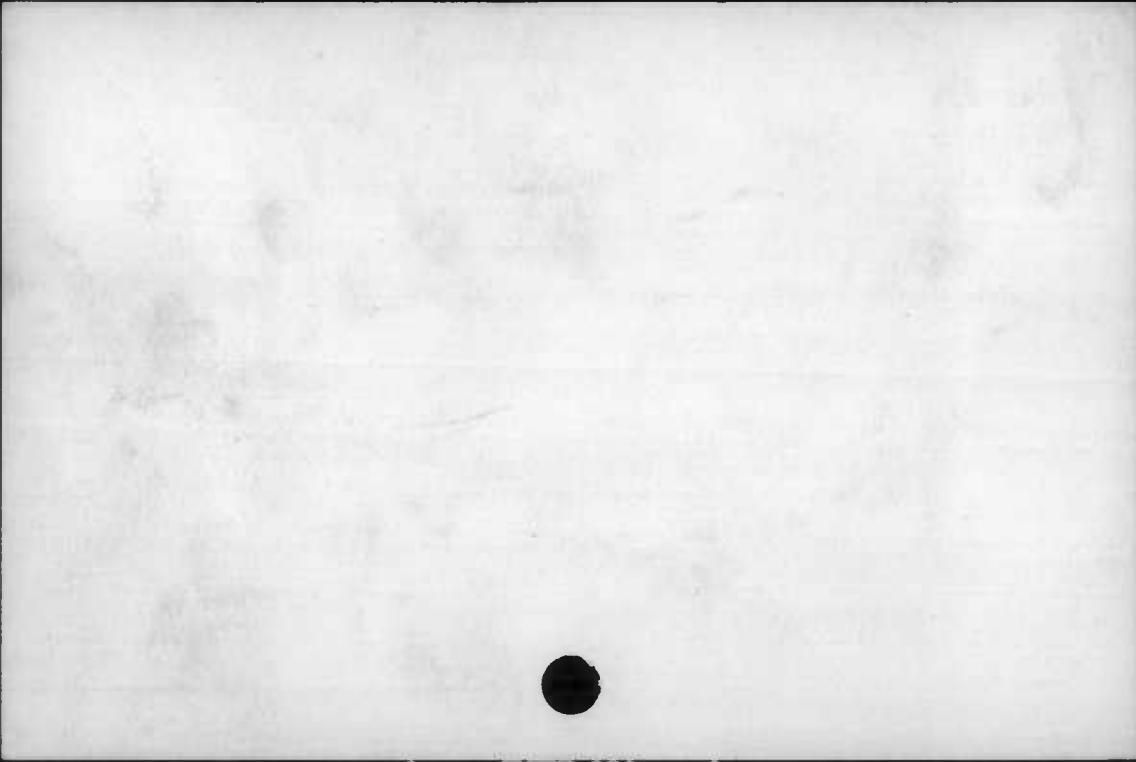
Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i> <sup>Year</sup>	<i>Aug</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	<i>2</i> <sup>Years</sup>	<i>1</i> <sup>Months</sup>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Salisbury Md</i>
Occupation	<i>none</i>	Where Residing if not at place of death <i>Huston St</i>			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Wm Jones</i>			Father's Birthplace	<i>Wicomico Co. Md</i>
Mother's Maiden Name	<i>Sara Jones</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>William Jones</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsion</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>So far as obtainable</i>	Signature of Physician	<i>[Signature]</i>
Accident or Suicide?	<i>No</i>	Address	<i>Salisbury Md</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

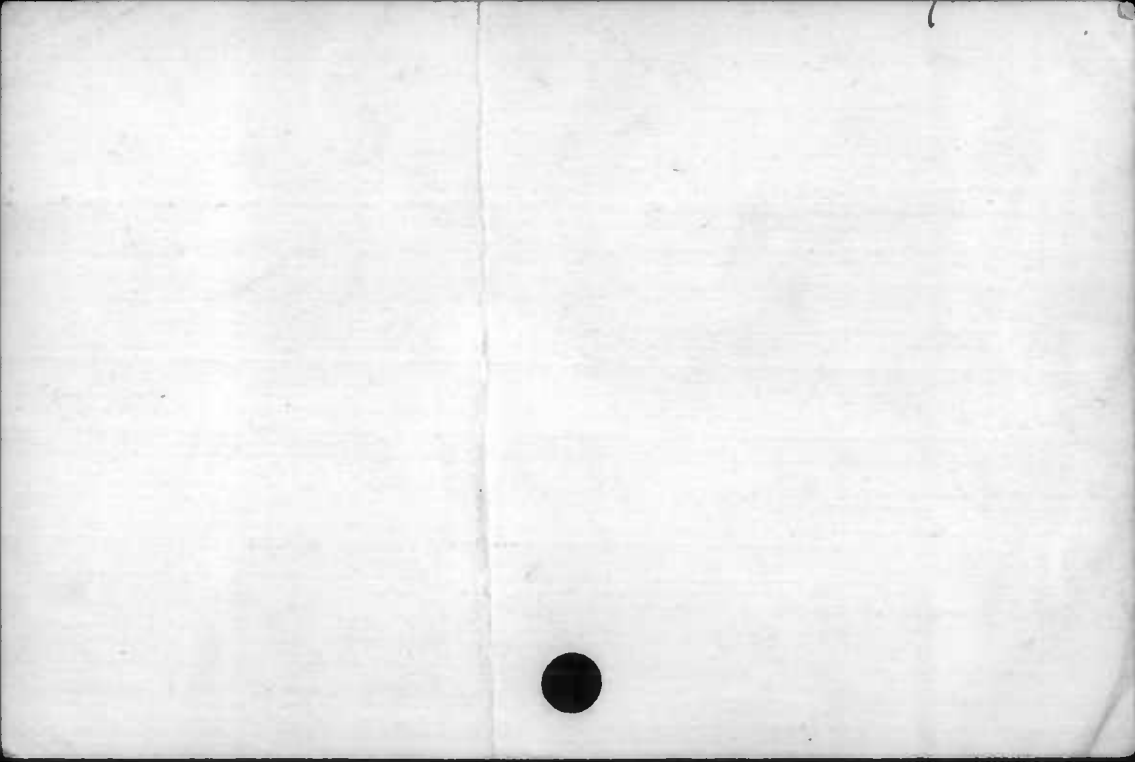
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		August	29 <sup>th</sup>	24		8	16
Sex		Color or Race		Birth-place			
Female		White		Thantieske			
Occupation		Where Residing if not at place of death					
Housekeeper		Thantieske					
Married, Single or Widowed		Name of Wife or Husband					
Married		Wm R. Kemmerly Jr.					
Father's Name		Father's Birthplace					
Thomas E. Merrick		Thantieske					
Mother's Maiden Name		Mother's Birthplace					
Lena Conington		Frederickville					
Name of person giving Information		How related to deceased					
T. E. Merrick		Father					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	about 2 years.
Immediate	no direct information. Have not seen patient since April 1909.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Louis Hamman	
		Address	
		4 W. Franklin St.	
		Baltimore, Md.	
Accident or Suicide			



Name

in  
FormTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Keor Delmar</i>		Town <i>Delmar</i>		County <i>Wicomico Co</i>	
Date of death <i>1909</i>	Month <i>8</i>	Day <i>21</i>	Years <i>34</i>	Months <i>11</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co Md</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Delmar</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Proyeta Layfield</i>			
Father's Name <i>James R. Layfield</i>			Father's Birthplace <i>Wicomico Co Md</i>		
Mother's Maiden Name <i>Mary Hester Kelley</i>			Mother's Birthplace <i>Wicomico Co Md</i>		
Name of person giving information <i>John C. LeCates</i>			How related to deceased <i>Brother-in-law</i>		

## CAUSES OF DEATH

Primary <i>Typhoid Fever</i>	How long <i>Five weeks</i>
Immediate <i>Typhoid Fever</i>	How long <i>Five weeks</i>

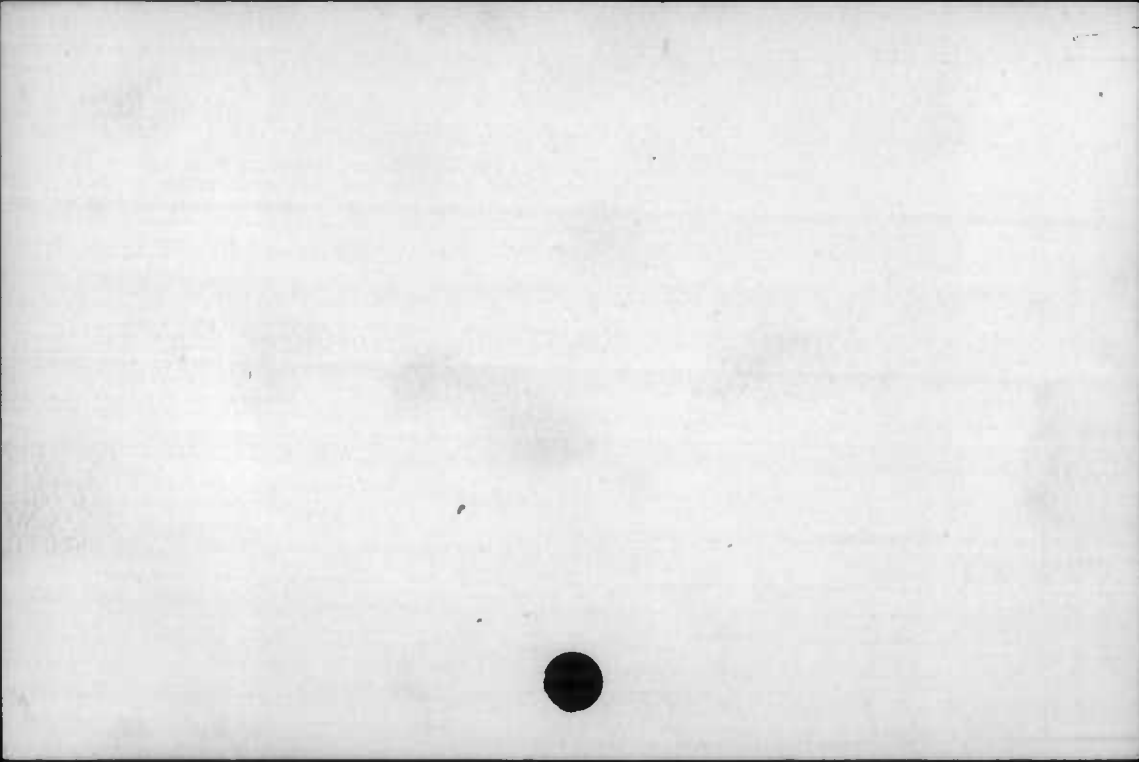
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

*Robert Ellingwood M.D.*  
*Delmar Del*

Accident or Suicide?



Name  
in  
Full

*Margie M LeCate*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Salisbury* <sup>Town</sup> *Wisconsin* <sup>County</sup>  
Date of death 190 *9* <sup>Month</sup> *Aug* <sup>Day</sup> *13* Age *2* <sup>Years</sup> *3* <sup>Months</sup> *21* <sup>Days</sup>  
Sex *Female* Color or Race *White* Birth-place *MD*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, ~~Single~~ or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *Silas S LeCate* Father's Birthplace *Del*  
Mother's Maiden Name *Sarah Campbell* Mother's Birthplace *MD*  
Name of person giving Information *Silas S LeCate* How related to deceased *Father*

CAUSES OF DEATH

Primary *Summer diarrhea* 106 How long *6 weeks*  
Immediate *Exhaustion* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *B. B. Potter*  
Address *Salisbury Md*

Accident or Suicide *no*

PHYSICIAN  
OR CORONER

Saw the child Aug 12 - the only time.

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** *Daisy E. Linnett*

**Town** *Salisbury* **County** *Wicomico* **MARYLAND**

**Died at** *Salisbury*

**Date of death** 190 *9* **Month** *Aug* **Day** *24* **Age** *39* **Years** *4* **Months** *18* **Days**

**Sex** *Female* **Color or Race** *White* **Birth-place** *Md*

**Occupation** *Housework* **Where Residing if not at place of death** *Salisbury Md.*

**Married, Single or Widowed** *Single* **Name of Wife or Husband** *Peter Linnett*

**Father's Name** *Jesse Simms* **Father's Birthplace** *Md*

**Mother's Maiden Name** *Leah A. Castnell* **Mother's Birthplace** *Md*

**Name of person giving Information** *Peter Linnett* **How related to deceased** *Husband*

CAUSES OF DEATH

27

X

PHYSICIAN  
OR CORONER

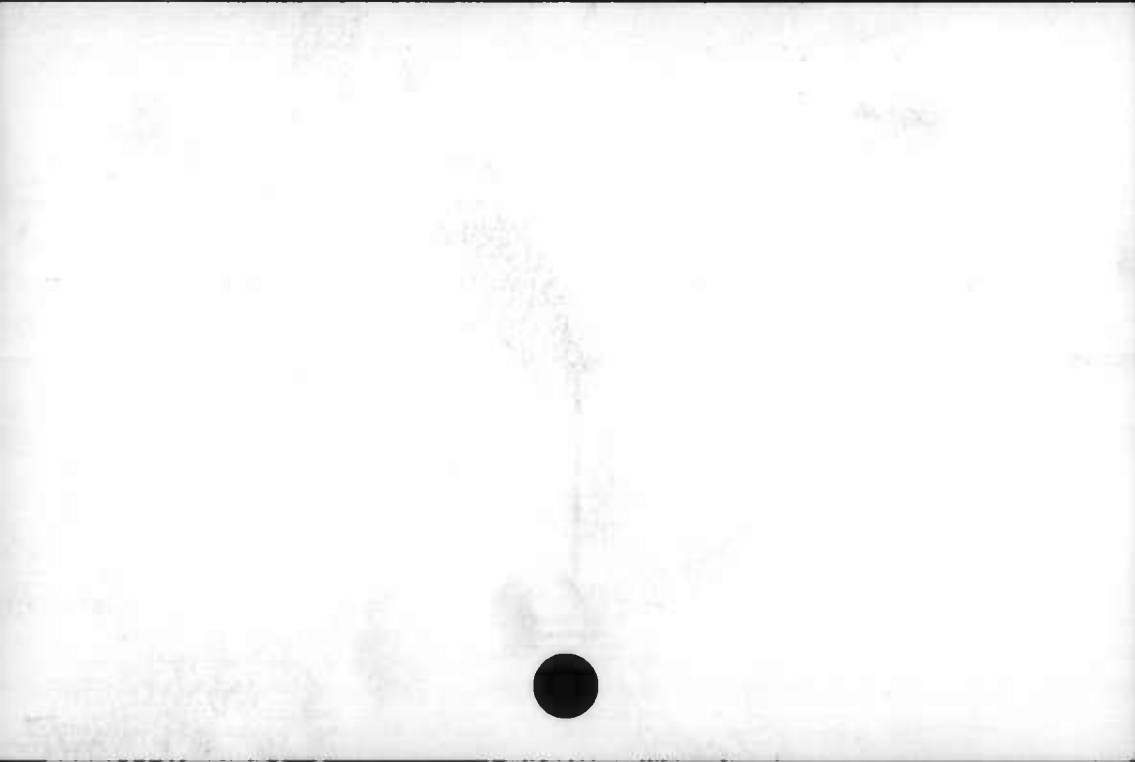
**Primary** *Tuberculosis* **How long** *1 year or more*

**Immediate** *General Emaciation heart failure several months* **How long** *3 months*

**Are the name, age, sex, color, date and place correctly given above?** *yes*

**Signature of Physician** *Louis W. Neomis M.D.* **Address** *Salisbury Md.*

**Accident or Suicidal**





Name in Full **Edward G Mc Dougle**

CERTIFICATE OF DEATH

Died at **Sharptown** Town **Wicomico** County

MARYLAND

Date of death **1909 Aug 5** Age **13** Months **9** Days **22**

Sex **Male** Color or Race **White** Birth-place **Troy Kans**

Occupation **School Boy** Where Residing if not at place of death **—**

Married, Single or Widowed **—** Name of Wife or Husband **—**

Father's Name **Rev L. J. Mc Dougle** Father's Birthplace **Gilboa, Ohio**

Mother's Maiden Name **Stella M. Walter** Mother's Birthplace **Grinden Va**

Name of person giving Information **L. J. Mc Dougle** How related to deceased **Father**

CAUSES OF DEATH

Primary **Enteric disease** How long **6 weeks**

Immediate **Hemorrhage** How long **2 days**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

**Wm. H. Greenaway**  
**Sharptown**  
**Md.**

Address

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER



Name  
in  
Full

Fannie B Mills

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

AK

Died at Sharpsstown Town Micomico County MARYLAND

Date of death 1909 aug 27 Month Day Age 38 Years Months Days

Sex Female Color or Race White Birth-place Del

Occupation Housewife Where Residing if not at place of death Baltimore

Married, Single or Widowed Married Name of Wife or Husband James Hasfield Mills

Father's Name John B Hastings Father's Birthplace Del

Mother's Maiden Name Mary Elliott Mother's Birthplace Del

Name of person giving Information J Hasfield Mills How related to deceased Husband

## CAUSES OF DEATH

178

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Salisbury* <sup>Town</sup> *Wicomico* <sup>County</sup>  
 Date of death 190 <sup>Month</sup> *9* <sup>Day</sup> *Aug* <sup>Years</sup> *12* Age *8* <sup>Months</sup> *8* <sup>Days</sup>  
 Sex *Female* Color or Race *White* Birth-place *MD*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
Husband \_\_\_\_\_Father's  
Name*James D Morris*Father's  
Birthplace*MD*Mother's  
Maiden Name*Iressa Brumby*Mother's  
Birthplace*MD*Name of person giving  
Information*James D Morris*How related  
to deceased*Father*

## CAUSES OF DEATH

**105**

Primary

*Illus. Colitis*

How long

*3 weeks*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, data  
and place correctly given above?*yes*Signature of  
Physician

Address

*D. B. Potter*  
*Salisbury*  
*MD.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Daniel G. Parsons

Town

County

MARYLAND

Died at

Salisbury

Wilcomco

Date

Month

Day

Years

Months

Days

of death

1909

Aug

25

Age

57

Sex

male

Color or  
Race

Cald

Birth-  
place

Salisbury

Occupation

General Labor

Where Residing if not  
at place of death

305 Second St

Married, Single  
or Widowed

no

Name of Wife or  
Husband

Sarah Parsons

Father's  
Name

Noah Parsons

Father's  
Birthplace

Salisbury

Mother's  
Maiden Name

Sarah Trader

Mother's  
Birthplace

...

Name of person giving  
In formation

Alexander W. Parsons

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Myocarditis

How long

120

1 year

Immediate

Pneumonia

How long

acute

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

B. W. Pitts

Address

Salisbury Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Saw Jatinis a few hours before death for first time.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

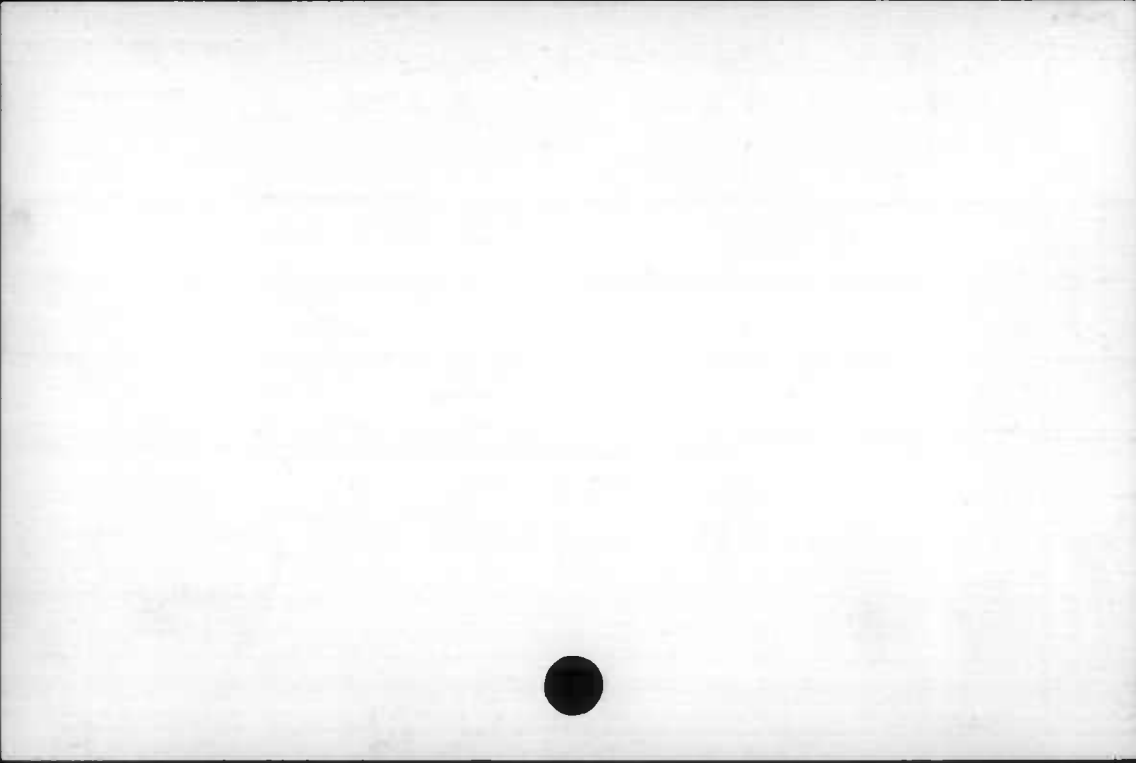
Died at <u>Salisbury Md</u>		Town <u>Salisbury Md</u>		County <u>Micomico</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>aug</u>	Day <u>26</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>16</u>	
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Salisbury Md</u>				
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
Married, Single <u>Single</u> <del>or Widowed</del>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Travers L Quark</u>			Father's Birthplace <u>Salisbury Md</u>				
Mother's Maiden Name <u>Lucretia W Burgoon</u>			Mother's Birthplace <u>New Windsor Md</u>				
Name of person giving Information <u>Travers L Quark</u>			How related to deceased <u>Father</u>				

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <u>Icterus neonatorum</u>	How long <u>16 days</u>
Immediate <u>Convulsions</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Myer in</u>
	Address <u>Salisbury Md</u>
Accident or Suicide <u>no</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Dortha Russell* Town *Mardela* County *Wicomico* MARYLAND  
Died at *Mardela*  
Date of death 1909 Month *8* Day *9* Age *4* Years *4* Months *4* Days *—*  
Sex *Female* Color or Race *White* Birth-place *Maryland*  
Occupation *—* Where Residing if not at place of death *—*

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

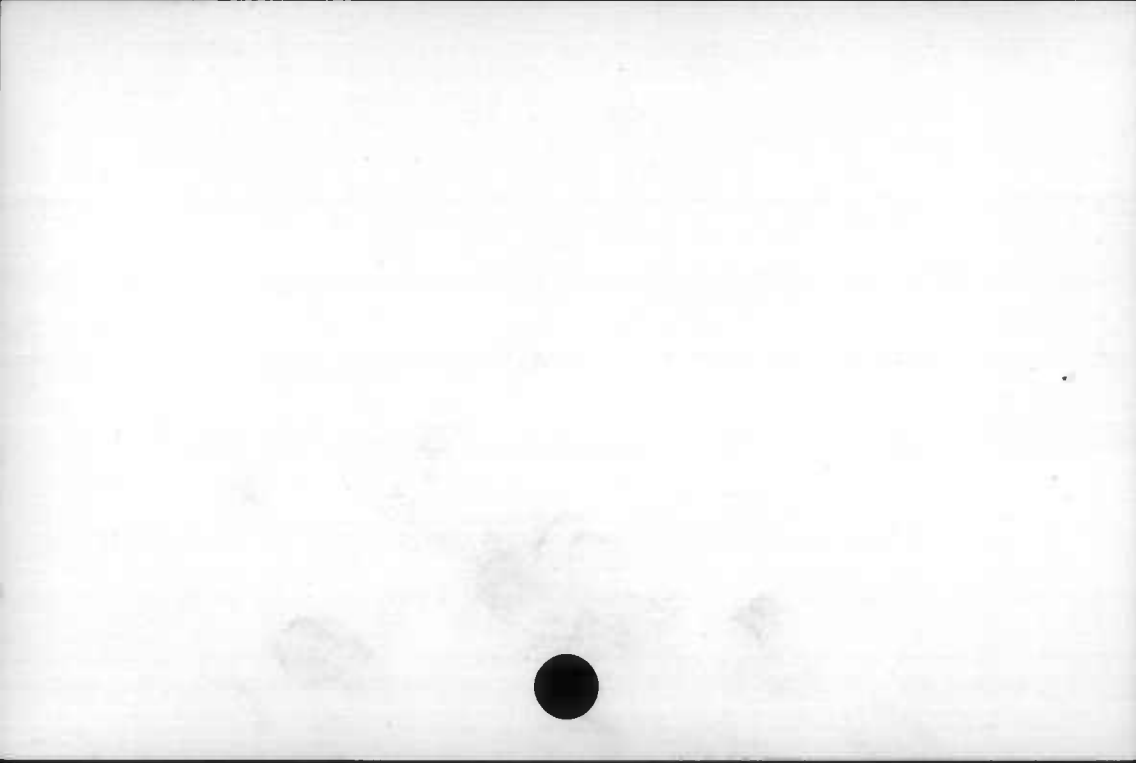
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORNER



Name  
in  
Full

Lavonia A Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Mardela Town Wicomico County MARYLAND

Date of death 1909 Aug Month 28 Day 69 Years Month Days

Sex Female Color or Race White Birth-place Del

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Christover Shockley

Father's Name George Phillip Father's Birthplace Sussex Co. Del.

Mother's Maiden Name Eliza Bailey Mother's Birthplace Sussex Co. Del.

Name of person giving Information Christover Shockley How related to deceased Husband

CAUSES OF DEATH

Primary Pneumonia How long 93 One week

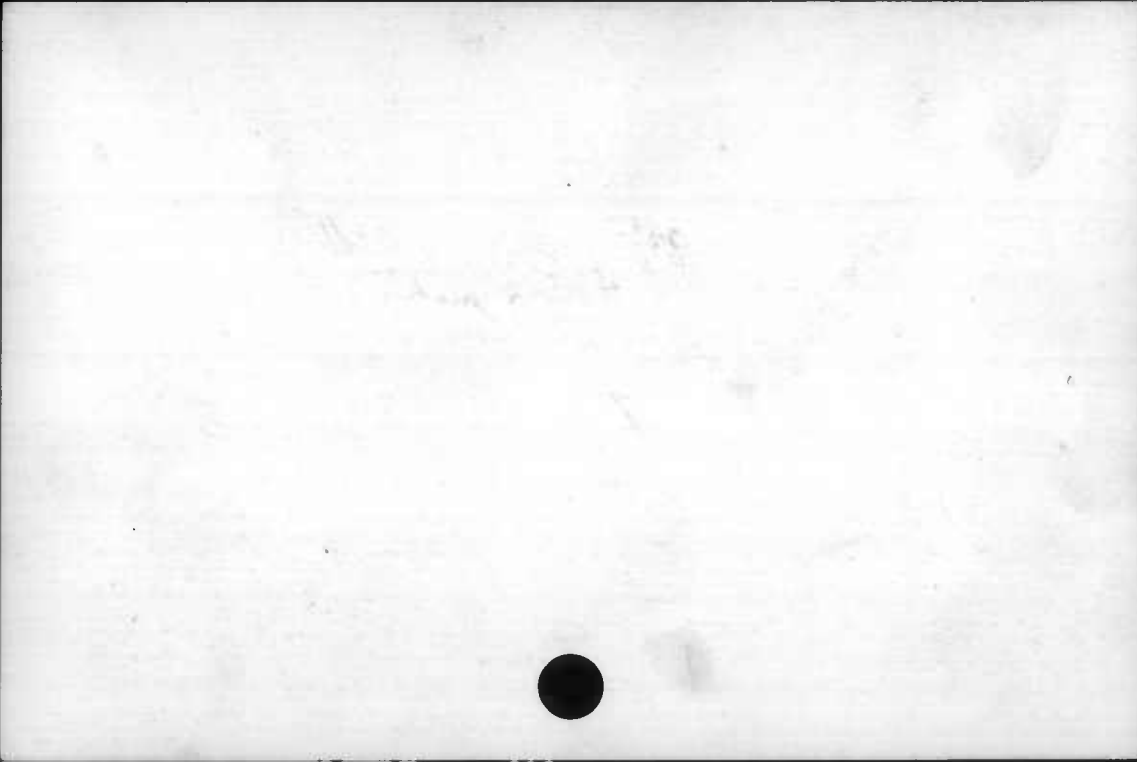
Immediate Heart Paralysis How long Don't know

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John M. Eldredge

Address Mardela Spring Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elisha C. Truitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> <sup>Town</sup>		<i>Wicomico</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	<i>Aug.</i> <sup>Month</sup>	<i>18<sup>th</sup></i> <sup>Day</sup>	Age <i>67</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>9</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Worcester Co. Md.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Delevia Truitt</i>				
Father's Name <i>George Truitt</i>	Father's Birthplace <i>Worcester Co. Md.</i>				
Mother's Maiden Name <i>Lerisa Holloway</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving Information <i>Priscilla A. West</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	<i>93</i> <sup>How long</sup>
Immediate <i>Wraemia</i>	<i>2 weeks</i> <sup>How long</sup>
Are the name, age, sex, color, date and place correctly given above? <i>So far as obtainable.</i>	Signature of Physician <i>[Signature]</i>
Accident or Suicide <i>No</i>	Address <i>Salisbury Md</i>

PHYSICIAN  
OR CORONER





Name  
in  
Full

William E Underwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury <sup>Town</sup> Wicomico <sup>County</sup> MARYLAND  
Date of death 190 9 <sup>Month</sup> Aug <sup>Day</sup> 29 Age 1 <sup>Years</sup> 7 <sup>Months</sup> 7 <sup>Days</sup>  
Sex male Color or Race Black Birth-place Md  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name William Underwood Father's Birthplace Ova  
Mother's Maiden Name Ellen Brittingham Mother's Birthplace Md  
Name of person giving Information William Underwood How related to deceased Father

CAUSES OF DEATH

Primary Ills. Cerebr. 105 How long 6 weeks history  
Immediate Commissions How long 6 hours.

Are the name, age, sex, color, date and place correctly given above? Y

Signature of Physician

Address

B. B. Potter  
Salisbury Md.

Accident or Suicide no

PHYSICIAN  
OR CORONER

One can only.

Name  
in  
Full

Benjamin J. Waller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Shapton* Town *Marasmo* County **MARYLAND**  
 Date of death 1909 *Aug* Month *12* Day Age *—* Years Months *6* Days *12*  
 Sex *Male* Color or Race *White* Birth-place *Shapton*  
 Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—*Name of Wife or Husband *—*

Father's Name

*Benjamin J. Waller*

Father's Birthplace

*Del*

Mother's Maiden Name

*Hester Bradley*

Mother's Birthplace

*Ind*

Name of person giving Information

*Benjamin Waller*

How related to deceased

*Father*

## CAUSES OF DEATH

179

Primary

*Marasmus*

How long

*20 months*

Immediate

*Heart failure*

How long

*1 hour*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

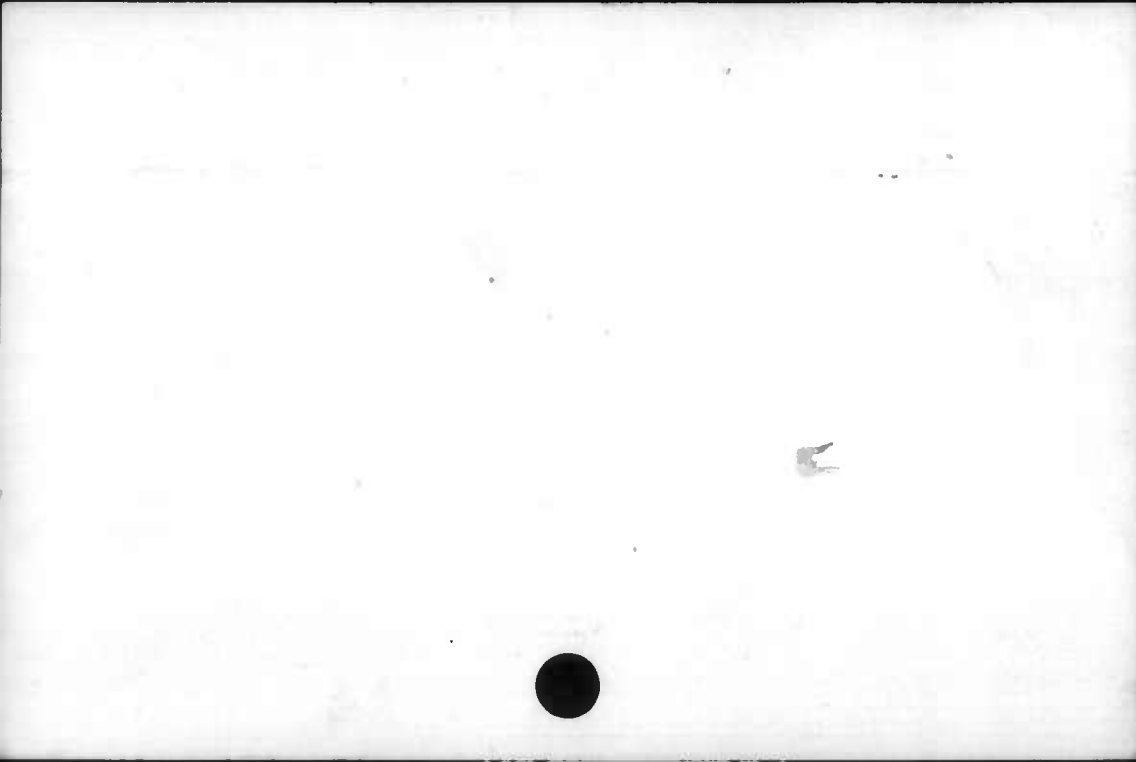
Signature of Physician

Address

*W. N. Sasseray*  
*Shapton, Ind*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Laura Waters</b>		Town <b>New Rochamaddy</b>		County <b>Wicomico</b>		State <b>MARYLAND</b>	
Died at		Month <b>Aug</b>		Day <b>27</b>		Age <b>23</b>	
Date of death <b>1909</b>		Sex <b>Female</b>		Color or Race <b>Black</b>		Birth-place <b>Md</b>	
Occupation <b>Housework</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Single</b>		Name of Husband <b>George A Waters</b>					
Father's Name <b>Charles Washfield</b>		Father's Birthplace <b>Md</b>					
Mother's Maiden Name <b>Annie Bell</b>		Mother's Birthplace <b>Md</b>					
Name of person giving Information <b>Anthony Waters</b>		How related to deceased <b>Sister-in-law</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long <b>79</b>
Immediate	How long <b>5 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H. C. Connaman</b>
Accident or Suicide	Address <b>Hebron Md</b>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Alice L. Watson

Town

County

MARYLAND

Died at Salisbury

Wicomico

Date

Month

Day

Years

Months

Days

of death

1909

Aug.

27<sup>th</sup>

Age

46

6

21

Sex

Female

Color or  
Race

White

Birth-  
place

Michigan

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single

or Widowed

Married

Name of Wife or  
Husband

Wellington J. Watson

Father's  
Name

Monroe

Father's  
Birthplace

Ohio

Mother's  
Maiden Name

Browning

Mother's  
Birthplace

Ohio

Name of person giving  
Information

Wellington J. Watson

How related  
to deceased

Husband

## CAUSES OF DEATH

167

Primary

Burn by fire

How long

Immediate

Progressive Dementia  
Depression

How long

Gradual

Are the name, age, sex, color, date  
and place correctly given above?

yes

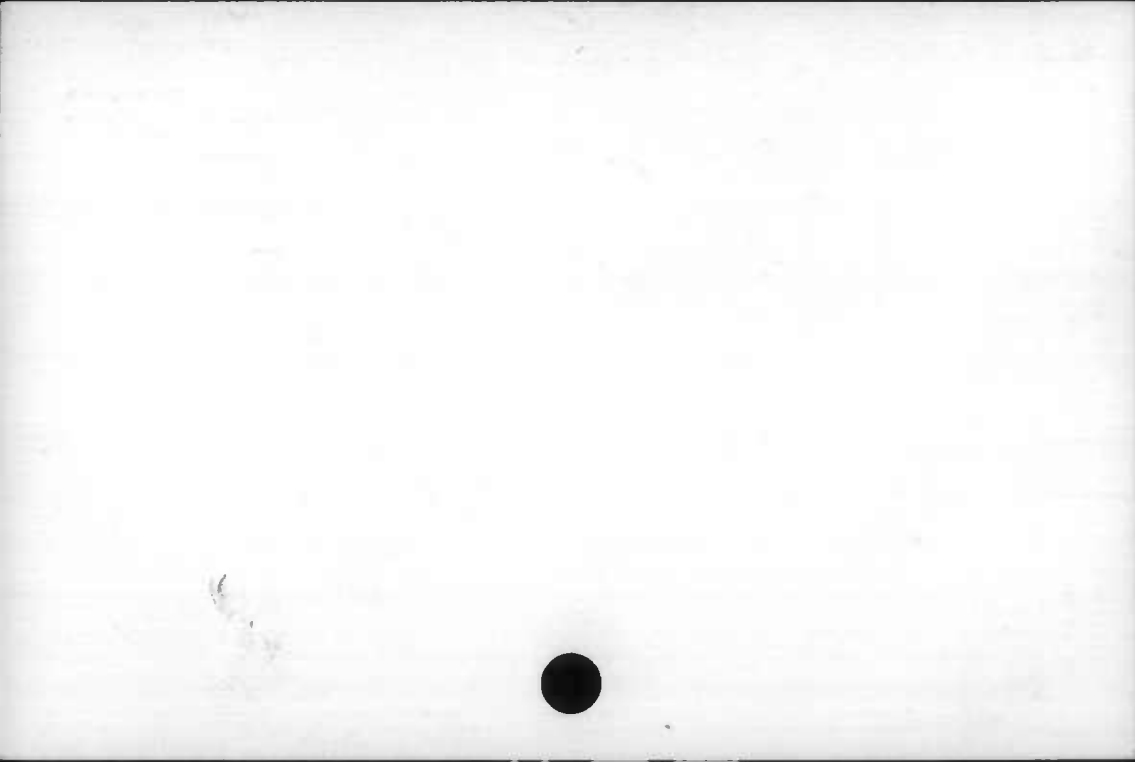
Signature of  
Physician

Address

B. B. Rott  
Salisbury Md.

Accident or Suicide

PHYSICIAN  
OR CORONER





Name

In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dean Allen</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>8</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Isaac J White</i>			Father's Birthplace <i>Wicomico</i>		
Mother's Maiden Name <i>Bary E Harris</i>			Mother's Birthplace <i>Wicomico</i>		
Name of person giving information <i>Isaac J White</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

179

How long

X

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Long</i>
Address <i>Allen</i>	
Accident or Suicide? <i>—</i>	

